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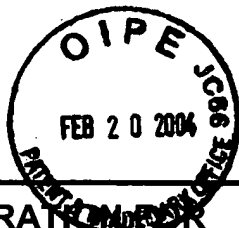
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	34297
	First Named Inventor	Nathan Snell
	COMPLETE IF KNOWN	
	Application Number	10/667,817
	Filing Date	9/22/2003
	Group Art Unit	2632
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HAND-FREE DOOR OPENER AND METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 9/22/2003 as United States Application Number or PCT International Application
Number 10/667,817 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

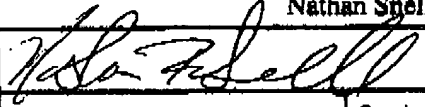
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

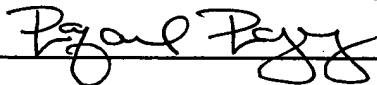
DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 39313 OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name		Registration Number		Name	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR <input type="checkbox"/> Correspondence address below	
Name		Carl M. Napolitano, Ph.D.			
Address		Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.			
Address		255 South Orange Avenue, Suite 1401 P.O. Box 3791			
City/State/Zip		Orlando, Florida 32802-3791			
Country		US		Telephone	(407) 841-2330
				Fax	(407) 841-2343
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor				<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (First and middle — (if any))				Family Name or Surname	
Nathan Snell					
Inventor's Signature				Date	2-11-04
Residence		Mooresville, NC		Country	
				Citizenship	US
Post Office Address		123 Broken Pine Lane			
City/State/Zip		Mooresville, NC 32174			
		Country			
<input type="checkbox"/> Additional inventors are being named on the supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.					

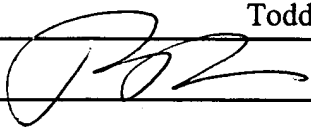
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))		Family Name or Surname	
Rafael Rodriguez			
Inventor's Signature			Date 2/11/04
Residence	Ormond Beach, FL	Country	Citizenship US
Post Office Address	8 Arcaro Court		
City/State/Zip	Ormond Beach, FL 32174	Country	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — [if any])		Family Name or Surname	
Todd Krawczyk			
Inventor's Signature			Date 2/11/04
Residence	Ormond Beach, FL	Country	Citizenship US
Post Office Address	4 Arcaro Court		
City/State/Zip	Ormond Beach, FL 32174	Country	

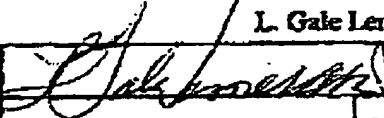
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — if any)		Family Name or Surname	
L. Gale Lemcrand			
Inventor's Signature		Date	2/11/04
Residence	Ormond Beach, FL	Country	US
Post Office Address	1004 Hampstead Lane		
City/State/Zip	Ormond Beach, FL 32174	Country	

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